

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA**

ROBERT T. MILLER	:	
	:	Civ. Action No.
v.	:	
	:	08 - cv - 0277
AMERICAN AIRLINES, INC.,	:	
and	:	Judge Caputo
AMERICAN AIRLINES, INC. PILOT	:	Magistrate Judge Blewitt
RETIREMENT BENEFIT PROGRAM	:	
FIXED INCOME PLAN (A PLAN)	:	
and	:	
AMERICAN AIRLINES, INC. PENSION	:	
BENEFITS ADMINISTRATION	:	
COMMITTEE	:	
_____	:	

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STATEMENT OF UNCONTESTED FACTS**

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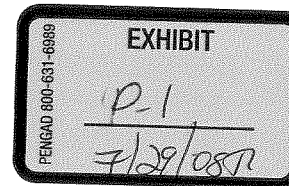
First Requests for Admissions

Exhibit 1

October 23, 2006

file
#153384

Robert T. Miller
PO Box 536
Gilbert, PA 18331-0536



Re: Discontinuation of Disability Benefits

Dear Capt Miller,

We are in receipt of your recent correspondence from Dr. Abel Gonzalez, submitted in response to our letter of Sept 21, 2006 from Jeanné Spoon, RN. However, we are unable to verify either the existence of a continuing medical disability or your continued substantial progress towards obtaining your FAA medical certification.

Per the terms of the Pilot Long Term Disability Plan (the "Plan"), *"A Pilot Employee's Disability will be considered to continue to exist only if the Pilot Employee.....continues to receive qualified medical care consistent with the nature of the illness or injury that gives rise to the Disability". Additionally, the Plan provides that "A Pilot Employee's Disability will be considered to cease if...verification of such Disability can no longer be established..."*

In order to receive further favorable consideration, you will need to demonstrate that you are actively pursuing obtaining your FAA medical certification.

At this time, however, verification of your continued disability cannot be established and your disability benefits under the Plan will end immediately upon notification of this status to the Flight Office.

You may appeal this determination, as outlined under the Plan's terms (see section VII.F. of the Plan). Specifically *"The Pilot Employee may request that the Pension Benefits Administration Committee review the denial of all or part of his claim. This request must be in writing and must be received by the Administrator no more than 180 days after the Pilot Employee receives notice of the adverse benefit determination. The request must be submitted to the Administrator at the address provided.....Any notice of appeal received by the Administrator after this 180-day period will be null and void."*

Revised 7/06/2006

P.O. BOX 619616, MD 4100 HDQ, DALLAS/FORT WORTH AIRPORT, TEXAS 75261-9616

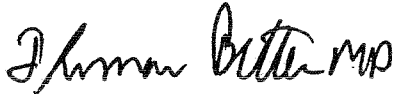
AA_000762

Your appeal should be sent to the Pension Benefits Administration Committee (the "PBAC") at:

Pension Benefits Administration Committee
American Airlines, Inc.
PO Box 619616
MD 5134 - HDQ1
DFW Airport, TX 75261-9616

Enclosed is an Appeal form that you should use to submit your appeal. Only those Appeal Materials (defined in section III.D. of the Plan) timely received by the PBAC will be considered, and you should submit all information and documentation that you believe pertinent to your appeal as the PBAC will not accept any additional information for review once it has made its determination. The PBAC will advise you in writing of the results of its review within forty-five (45) days after it receives your timely request for appeal, unless special circumstances are present (see section VIII.F.(8) of the Plan). If the PBAC renders an adverse determination on your claim for benefits on appeal, you may then bring a civil action under Section 502(a) of ERISA.

Sincerely,



Thomas Bettles, MD, MPH
AA Occupational Health Services

Enclosure

cc: J. Spoon, RN
Medical File

Revised 7/06/2006

AA_000763

In order to carefully review the facts and give every consideration to your appeal, please include all the information requested on this Appeal form that is applicable to your situation. FAILURE TO PROVIDE ALL PERTINENT DOCUMENTS MAY AFFECT THE OUTCOME OF THIS APPEAL. THIS INFORMATION IS TO BE PROVIDED AT YOUR OWN EXPENSE, AND IT IS ESSENTIAL THAT YOU KEEP COPIES FOR YOUR OWN RECORDS.

- Please complete, sign and send this Appeal form to the address provided below.
- If your disability was due to a work-related injury, please provide details including Workers' Compensation information.
- Include a copy of completed disability application.
- Send a copy of the letter you received from AA Medical indicating that they have conducted a review of your Claim (this should be included or your appeal may be returned to you). Also include any additional correspondence you may have received from AA Medical or Flight Administration with regard to your disability claim.
- Include physician office records and narrative summaries, and/or operative reports (if applicable), for all medical providers that have *ever* treated you for this condition or any related condition prompting your disability.
- Include hospital records (if applicable) for all admissions (current & prior) for this or any related condition prompting your disability.
- Include Therapy Progress Reports for all therapies such as Physical, Occupational, Psychological, Speech, Chiropractic, Acupuncture, Aftercare (etc.), if applicable to your disability.
- Include a list of any medications you currently take and their dosages.
- Send documentation to substantiate the limitations/restrictions, which affect your ability to return to work.

THIS WILL BE YOUR FINAL ADMINISTRATIVE REVIEW; THEREFORE, INCLUDE ALL FACTS AND CIRCUMSTANCES THAT YOU WANT THE COMMITTEE TO CONSIDER WHEN IT REVIEWS YOUR APPEAL. AFTER THE PENSION BENEFITS ADMINISTRATION COMMITTEE RENDERS A DECISION ON YOUR APPEAL, ADDITIONAL OR NEW INFORMATION WILL NOT BE CONSIDERED. THEREFORE, IT IS IMPERATIVE THAT YOU INCLUDE ANY AND ALL PERTINENT INFORMATION WHEN YOUR APPEAL IS SUBMITTED.

(1) The benefit(s) which has been denied and to which I believe I am entitled are as follows (being as specific as you can):

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

TOTAL AMOUNT(S) YOU ARE APPEALING (IF KNOWN): \$ _____

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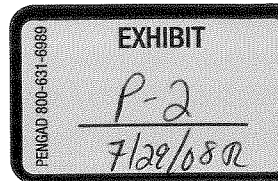
[illegible]

~~AA 000765~~

Exhibit 2

Attachment 1

PDQ Pilot Disability Case Management
ROBERT MILLER - Emp No: 153384
Case Number: 127



Name: MILLER, ROBERT T.
Emp No: 153384 **SSN:** 179-38-8763 **DOB:** 03/30/1954 **Age:** 53

Origin: CAUCASIAN
Gender: MALE

Address: PO BOX 536
GILBERT, PA 18331-0536

Home Phone: 610 681-4606
Cell Phone: 610-681-4612?
Mail Drop:
Emergency: (215) 626-1505

Company: AA
Location: LGA
Medical: LGA

Job Code:
Station: 0701
Branch: 7211

Supervisor: ROBERT SHORE
Supv. Phone: (718) 476-4269
Supv. Email: <Bob.Shore@aa.com>

MD:

Date Hired: 02/20/1989
Organization: PILOT
Active Status: INACTIVE-OTHER

Last Event: RETIRED
Last Event Date: 09/30/2004
Employment Status: WITHDRAWN

Personal Physician Information:

Abel Gonzalez, MD - psychiatry, neurology
Lehigh Valley Corporate Center
1685 Valley Center Parkway
Bethlehem, PA 18017

Case Status: APPEAL PENDING
NCM: Jeanne Spoon, R.N.
Doctor: Thomas Bettes, M.D.
Entered: 01/30/2003
Last Update: 01/03/2007
Release of Information: NO

RTW Prognosis: Unlikely
Estimated RTW: 03/30/2014
Actual RTW: N/A
MDSB: 10/01/1999
Closed: N/A
DOD: 08/05/1999

Case Summary: 10/01/1999- MDSB
LDW 16AUG98
- Terminated MDSB benefits effective May 14, 03
7/15/03 reinstated benefits, including back pay
"Bob"

Diagnosis: Brief reactive psychosis

Final Outcome:

Appointments:

Scheduled	Time	Type	Status	Provider
N/A - No appointments were scheduled for the employee.				

Nurse's Notes: Mar 7, 2003 @ 9:45:02 AM - PC to (215) 681-6864- VM for a T Flemming - did not LVM
PC to 610-681-4612 (in sabre) - no ans.

AA_000756

PC to Flt dept in JFK- LVM / Jeanne Spoon, RN

Mar 18, 2003 @ 12:58:44 PM - PC to superv- Robt Shore, LVM again for phone, address. no response.
PC to EE- no ans. / Jeanne Spoon, RN

Mar 21, 2003 @ 10:24:28 AM - s/w Dubbie Torres in Flt dept- no new address or phone # for this pilot. / Jeanne Spoon, RN

Mar 24, 2003 @ 9:41:23 AM - Resent letter via Cert. Mail. / Jeanne Spoon, RN

Apr 28, 2003 @ 11:15:02 AM - Reviewed with Dr Bettes 4/25/04- Email sent today to Paul Barry;
Att: Paul Barry,

In my attempt to obtain medical information from pilots on medical disability, I have had no correspondence with LGA based pilot, Robert Miller # 153384.

Certified letters sent February 11, 2003 and March 24, 2003 were returned as unclaimed from the post office box in Georgia. The flight department does not have an alternate address, and there is no response to messages left on voice mail.

It has not been possible to verify the need for continuation of medical disability benefits for Mr. Robert Miller. What would you recommend at this point? I would appreciate your suggestions. Thank you,

/ Jeanne Spoon, RN

May 5, 2003 @ 9:22:55 AM - Per Paul Barry: Refer to Mark Burdette for his opinion. Note from Paul was cc to Dr. Bettes and M.Burdette- no response at this time. Will discuss with Dr. Bettes. / Jeanne Spoon, RN

May 8, 2003 @ 11:56:18 AM - letter sent via boardmail to P. Barry and M.Burdett- recommend suspend benefits- no medical, incorrect phone and address. / Jeanne Spoon, RN

May 15, 2003 @ 2:30:46 PM - Terminated MDSB benefits effective May 14, 03- per Paul Barry / Jeanne Spoon, RN

May 22, 2003 @ 10:13:15 AM - Rec'd phone call from pilot- after he had s/w chief pilot Bob Shore. States he is in contact with Capt. Shore and Dr Hudson at AMAS. Has sent medical q2mo- to Met life and yearly form to APA. Prior flt surgeon- Dr Mckenas- well aware of his situation. This case is litigated- (against AA? loss of license & failure to enforce 60 hour rule?) Dr. Hudson at AMAS is his 'go between' with Dr. Barton Packle @ FAA, has 'integrity' issues.

Dx: of brief reactive psychosis - made by doctor in Pakistan, Pilot states it was 'fatigue'. Can not RTW for 5 yrs after stopping meds. States meds discontinued Jan. 02- PCD of Jan 07.

Seen by psychiatrist q2mo-

States address is correct but this temporary location does not have a full time post master to receive certified mail.

Agreed to contact psychiatrist, Dr Gonzalez, to send medical updates- Pilot Disability phone, fax and address provided.

Phone # for EE: 610-681-4606- changed in EE info screen.

PLAN: Obtain med, review, notify pensions if med. adeq. to support continued medical disability. / Jeanne Spoon, RN

Jun 4, 2003 @ 2:07:12 PM - Pilot LVM- send medical req. to Dr Abel Gonzalez- fax# 610-882-3633, Done / Jeanne Spoon, RN

Jun 5, 2003 @ 9:25:28 AM - Repeat VM from pilot providing Dr fax # , Returned call - advised that req. for medical had been faxed to Dr G yesterday, Again explained that the med was required by AA for disability payments, aware that FAA will not certify him at this time, but that his disability payments depended on physician documentation of a medical disability as stated for MDSB. He continued to voice his legal action against AA/APA and his desire to for AMS to be the third party negotiator.

PLAN: Review medical when received, - MRB determine if documentation substantiates medical disability. / Jeanne Spoon, RN

Jun 10, 2003 @ 11:05:23 AM - PC to F.O. Miller- he is aware that Dr. Gonzalez has not sent medical to AA, Pilot was at Dr. office yesterday, advised Dr. that he will not be paid until medical documentation is sent to AA, letter to be typed asap. Additional medical records to be sent via mail. EE stated that the lack of medical at this time was his own problem. Will notify EE as soon as medical rec'd. / Jeanne Spoon, RN

Jun 11, 2003 @ 2:52:29 PM - Letter from Dr. Gonzales, psychiatry: dated 6/10/03, faxed 6/11/03

DX: Anxiety Disorder, NOS, Status post brief reactive psychosis caused by sleep deprivation

MEDS: psychotropic med until Jan 2000, & psychotherapy sessions- until June. 2000.

Currently asymptomatic, able to RTW since Spring 2001. Anticipate RTW upon reinstatement by of his FAA med certif. by AMAS.

Once released by FAA, work hrs.as stated by FAA regs.

Additional cost for medical records

PLAN: review with Dr Bettes. / Jeanne Spoon, RN

Jun 13, 2003 @ 10:40:20 AM - Reviewed with Dr B on 6/12/03- req medical records from Dr Gonzalez prior to approving MDSB. Call to Dr G.- req. current medical- asap.
Today- rec'd call from Julie at Dr G.- refaxed req. to Dr G for initial eval and prog. notes of 2002 and 2003. Urgent. / Jeanne Spoon, RN

Jun 23, 2003 @ 3:06:34 PM - PC to Dr Gonzalez- no medical records rec'd at this time - Urgent to support medical disability. States Dr G. has the req on his desk and is working on it. Agreed to remind doctor - urgent. / Jeanne Spoon, RN

Jun 30, 2003 @ 11:27:02 AM - EE LVM 6/27- he S/W Dr Gonzalez, working on medical as requested, should be able to mail out by July 4, EE to pay cost of med. records on 7/3/04. / Jeanne Spoon, RN

Jul 3, 2003 @ 4:14:00 PM - EE LVM- left blank ck for Dr Gonzalez for cost of legal/medical/professionals advise. Dr G will mail records next week. EE will send copy of all medical sent by Dr G to AA to his attorney also- to show that he did - "comply with the spirit and intent of supplement F". Req. his benefits be reinstated asap. / Jeanne Spoon, RN

Jul 14, 2003 @ 3:47:48 PM - Rec'd - via mail, progress notes from Dr Gonzalez- Initial assessment of 9/30/98 and hand written progress notes of 2002, No notes from 2003, Reviewed by Dr Beaty, states prog. notes are illegable. Does support that EE was seen in 2002. have letter written June 10 By Dr.G
PC to Abel Gonzalez, MD- Left msg with receptionist to have Julie call re: medical rec'd. - (seen in 2003?)
PC to Pensions- B.Zeminski- need new MDSB form to reinstate pension benefits. N. Sullivan not in today- Will discuss tomorrow after s/w Julie at Dr office. (req. Dr. Beaty sign statement.- need to specify if there is no break in payment.) / Jeanne Spoon, RN

Jul 15, 2003 @ 11:00:24 AM - S/W Julie at Dr Gonzalez office- provided dates of 3 OV in 2003- agreed to fax those notes.
Rec'd notes of 1/23/03, 3/26/03 and 6/4/03- remains asymptomatic, - OC personality traits, no meds, off work per FAA regs per Dr G.
S/W Nancy Sullivan- will complete MDSB, req. signature by Dr Beaty and send to Betty Z.
PC to EE- LVM on home recorder. (med rec'd and will reinstate benefits)
PC to FAA- LVM to discuss status. / Jeanne Spoon, RN

Jul 15, 2003 @ 2:24:52 PM - Email to Paul Barry, Betty Z, Bob Shore, Dr. Bettes, Mark Burdett, re instatement of benefits. / Jeanne Spoon, RN

Jul 17, 2003 @ 4:19:25 PM - Per VM from Dianna @ FAA- no info in system for review.
S/W EE late on 7/15- aware benefits have been reinstated with no break in payments. / Jeanne Spoon, RN

Jan 13, 2004 @ 4:08:56 PM - faxed req. to Dr Gonzales for medical update: Please advise if Mr. Miller remains under your care and if he has been seen since your letter dated June 10, 2003. A current progress note is needed to support continued medical disability. Please fax any medical to my attention. / Jeanne Spoon, RN

Feb 12, 2004 @ 11:12:36 AM - refaxed urgent req. to Dr. Gonzalez. / Jeanne Spoon, RN

Feb 12, 2004 @ 2:59:02 PM - notified that Dr G fax is incorrect #, call to 610-882-2052- provided fax # of 610-882-2054. transmitted. / Jeanne Spoon, RN

Mar 11, 2004 @ 3:03:23 PM - PC to Dr A.G- LVM for med update. PC to pilot- LVM for documented and verbal medical update. / Jeanne Spoon, RN

Mar 11, 2004 @ 6:03:07 PM - PC from Dr. G- do not have faxed req.- refaxed to 610-82-2054
PC from EE- LVM- LOV 3/9/04 and signed release for info to be sent.
Now working with attorney on loss of licence insurance. / Jeanne Spoon, RN

Mar 18, 2004 @ 2:57:16 PM - call to Dr. G-LVM. / Jeanne Spoon, RN

Mar 25, 2004 @ 3:09:09 PM - PC to Dr- LVM- please respond to faxes and phone calls. refaxed to dr. PC to pilot - not in- advised wife of lack of medical- appreciated the call, will have EE go to Dr office for medical. / Jeanne Spoon, RN

Mar 25, 2004 @ 4:15:54 PM - pilot returned call- gave new office phone # for Dr G- same as above. he " can't controll the medical profession" but did agree to call the office again. / Jeanne Spoon, RN

Mar 29, 2004 @ 4:28:30 PM - Brief faxed note from Dr Gonzalez, not dated. Emp. remains under his care, seen monthly,

on no psychotropic meds. Dr. willing to have phone conversation with Mr. Miller present. Req. call to office to coordinate. Reviewed with Dr Wolbrink, will s/w Flt dept. as pilot concerns contract issues. will consider IME . / Jeanne Spoon, RN

Mar 31, 2004 @ 11:44:28 AM - S/W Joe McCauley in FLt. dept., aware of this case and it's mult. issues. He will advise Robt. Shore, does not anticipate RTW. Will advise Dr AW prior to contacting EE. / Jeanne Spoon, RN

Apr 26, 2004 @ 4:41:46 PM - Reviewed with Dr Wolbrink, would appreciate periodic updates from legal to monitor status of claim. Sent email to T. Nelson - legal contact? / Jeanne Spoon, RN

Apr 27, 2004 @ 4:37:10 PM - Email sent to Juanice Young - paralegal- no recored of legal action. W/C or against APA- Placed call to L. Compton at APA- LVM and req. C/B. / Jeanne Spoon, RN

May 17, 2004 @ 11:00:14 AM - No response from APA, will req. update from Dr in 6mo. / Jeanne Spoon, RN

Oct 11, 2004 @ 4:10:09 PM - Faxed req. to Dr gonzalez for update. / Jeanne Spoon, RN

Nov 1, 2004 @ 3:00:59 PM - S/W pilot- would only talk AA and FAA regulations. NOV 11/29- req. update after that apt. Pilot thought Dr G. was in freq. contact with AA . / Jeanne Spoon, RN

Dec 16, 2004 @ 1:38:13 PM - Faxed req. to Dr Gonzalez for medical update. / Jeanne Spoon, RN

Dec 21, 2004 @ 10:17:17 AM - Hand written note from Dr. Gonzales, psychiatry: dated 11/29/04. Pilot stable, no tx needed. concerned with the well being of the arline industry. Reviewed with Dr Bettles, will continue approval, does not appear pilot will RTW, no need to contact legal, Flt. / Jeanne Spoon, RN

Jun 27, 2005 @ 10:55:11 AM - faxed Dr 6/27/05 / Jeanne Spoon, RN

Aug 4, 2005 @ 3:31:22 PM - PC to 610 681-4606, LVM- need med update- contact treating dr- provided fax #. / Jeanne Spoon, RN

Aug 8, 2005 @ 10:12:42 AM - call from DrG office- Mr. Milller was at office and req. med be sent- states no req. for med - Refaxed June 27th req. / Jeanne Spoon, RN

Aug 25, 2005 @ 1:32:23 PM - PC to EE- line busy / Jeanne Spoon, RN

Aug 25, 2005 @ 2:28:04 PM - repeat call to EE- advised no med rec'd
Pilot was at Dr office last week- Dr said he had " taken care of it"
does not know if faxed or mailed- will check mail next week- if not rec'd- will call Dr.. / Jeanne Spoon, RN

Aug 29, 2005 @ 8:35:37 AM - Faxed letter from Dr. Abel Gonzalez, dated 8/26/05
DX: none given, asymptomatic without tx
TX: seen q2mo, Requires adequate amt. of sleep on reg. basis, to prevent physical and psychological manifestations of stress. (same as any healthy man in his age group--- age 51yrs)
Meds: no psychotropic meds,
Plan: again discuss RTW, FAA regs. / Jeanne Spoon, RN

Nov 16, 2005 @ 5:39:02 PM - Reviewed with Dr. Wolbrink,
Plan: 1) contact Dr Gonzales for 1998 in pt tx records from NY and psychotherapy records
2) obtain authoriz to submit to FAA
3) Email to AMAS, Dr. Hudson, , Just checking to see if you have any thoughts on this pilot. .. We've had a very difficult time getting information from him. My hunch, based on discussions our nurse has had with him, is that he might be a candidate after a 10 yr stable observation period. Do you have any other thoughts on how we can plan to facilitate his clearance? Alex Wolbrink, MD, MS

/ Jeanne Spoon, RN

Nov 21, 2005 @ 4:02:33 PM - Fax sent to Dr. G for med records- see note above. / Jeanne Spoon, RN

Dec 15, 2005 @ 5:35:27 PM - Per Dr. Wolbrink: Req. pilot send current med. records to AMAs for review. Also req. authoriz. to discuss with AMAS.
If pos. authoriz. for FAA too. / Jeanne Spoon, RN

Jan 12, 2006 @ 2:46:42 PM - PC to EE - busy X3 / Jeanne Spoon, RN

Jan 26, 2006 @ 5:41:19 PM - phone busy / Jeanne Spoon, RN

Feb 2, 2006 @ 4:38:56 PM - phone busy. / Jeanne Spoon, RN

Feb 16, 2006 @ 4:00:19 PM - NO response- will review with Dr Bettes. / Jeanne Spoon, RN

Jun 21, 2006 @ 10:47:49 AM - file to Dr.Bettes- OOO this week,. / Jeanne Spoon, R.N.

Jul 13, 2006 @ 9:13:51 AM - email to Dr. Bettes. / Jeanne Spoon, R.N.

Aug 2, 2006 @ 2:05:18 PM - file to Dr Bettes. / Jeanne Spoon, R.N.

Oct 19, 2006 @ 10:18:15 AM - rec'd 4 brief hand written progress notes from Dr Gonzalez on 10/18/06, (1/06, 4,06, 6,06 and 9/1/06)

DX: ' same' doing well, good judgement - no meds
'in general asymptomatic with good mental stability.'

*Medical notes to Dr Bettes for review ** Email sent to-Dr. Bettes also- next step? / Jeanne Spoon, R.N.

Oct 25, 2006 @ 4:34:17 PM - Dr.Bettes sent 'discontinuation of disability benefits ' letter , dated 10/23/06, sent appeal info. end of \$. / Jeanne Spoon, R.N.

Nov 1, 2006 @ 11:36:52 AM - s/W Rebecca at pensions yest, will be pd thru 10/25/06 / Jeanne Spoon, R.N.

Nov 7, 2006 @ 9:28:34 AM - PC from EE- req. contact with law firm @ 610-277-2520.

States no reason for termination of benefits, no appeal info attached with letter from Dr. Bettes.

Note: letter to EE in file dated 10/23/06 from Dr Bettes- "unable to verify continuing medical disability' or "pursuing FAA certification", appeal info. also included.
email to Dr Bettes re; PC from EE.

/ Jeanne Spoon, R.N.

Nov 15, 2006 @ 5:22:15 PM - denial letter and PBAC info resent 11/14/06,
call from George Wood, 610-277-2520, re: this pilot
(appears to be from attorney) / Jeanne Spoon, R.N.

Nov 16, 2006 @ 10:35:59 AM - PC from George Wood, attorney- states pilot is not able to pilot a plane- what does he need to do- ?

Referred him the letter and apeal process- asked that he confrim EE rec'd letter- was resent

per attorney- EE has PO Box only- asked P. Coker to verify address that was on letter- and if sent certif. mail or Fedex. / Jeanne Spoon, R.N.

Nov 16, 2006 @ 10:42:58 AM - verified that letters to pilot were sent via certif. mail.
/ Jeanne Spoon, R.N.

Nov 20, 2006 @ 9:35:44 AM - certif. letter, # 7099 3220 0000 8267 8483, post marked 10/25/06 returned after deliv. attempts of 10/28/06, 11/2/06, 11/12/06.

Send another letter? 3rd?

PC to home- s/w wife- certif. letter has been delivered (2nd letter?) and reviewed, will give to attorney today.

Informed Patrice and Dr. Bettes, will not send 3rd letter.

/ Jeanne Spoon, R.N.

Dec 20, 2006 @ 3:57:02 PM - track file- returned to LGA / Jeanne Spoon, R.N.

Dec 27, 2006 @ 10:40:16 AM - per email from LGA- Sylvia today, has file and will send file overnight. / Jeanne Spoon, R.N.

Jan 3, 2007 @ 4:43:21 PM - medical from PDQ file and original chart copied and sent vai Boardmail. / Jeanne Spoon, R.N.

Doctor's Notes: Oct 23, 2006 @ 11:31:55 AM - Sending Letter "J": Denial of LTD benefits to employee's address. / T. Bettes, M.D.

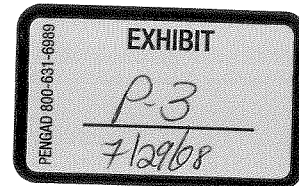
*End of Case No: 127 - ROBERT MILLER - Emp No: 153384
Printed January 16, 2007*

Exhibit 3

3/24/03
American Airlines®

February 10, 2003

Robert Miller - 153384
P.O. Box 536
Gilbert, PA 18331-0536



Dear Mr. Miller:

American Airlines Medical Department has developed a disability management program for pilots who are unable to work due to a long-term medical related disability. Nurse case manager, Ms. Jeanne Spoon, R.N. has been assigned to your case and she may be contacting you to review your medical condition and when appropriate, assist and facilitate medical clearance.

In order to verify the current status of the medical condition requiring continued disability; please have your treating physician provide updated medical records at this time. These records should include a current summary with diagnosis, results of diagnostic testing including lab, x-ray and /or special procedures, prognosis, treatment updates including medications, operative reports and/or hospital discharge summaries, progress or office notes detailing your progress in treatment, independent medical examiners reports or other pertinent records and expected return to work date, if applicable.

All medical information received will be retained in corporate medical files separate and distinct from personnel records and will remain confidential. No medical information will be released to the FAA without your explicit written permission. Should you wish us to work with your FAA Aviation Medical Examiner in support of your Medical Certification, with your written permission we can forward any information that we have retained.

Please forward any medical information to the American Airlines Medical Department at fax number 817-931-7540 or send to the attention of:

American Airlines Medical Department
C/O Ms. Jeanne Spoon, Nurse Case Manager, Pilot Disability
MD 4100
P.O. Box 619616,
DFW Airport, Texas, 75261-9616

If you prefer to have the Case Manager request medical records from your physician(s), please provide physician's name, address, and phone number, and sign and return the enclosed release of information form. Ms. Spoon can be contacted at (800) 555-2373, #5 or by Email at jeanne.spoon@aa.com.

Sincerely,

Thomas Bettes MD, MPH

Thomas Bettes, M.D., M.P.H.
Director, Occupational Health Services

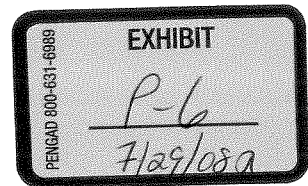
Enclosure

cc: Fit Dept

cc: APA

Exhibit 6

Abel A. Gonzalez, M.D.
Diplomate, American Board of Psychiatry and Neurology
Lehigh Valley Corporate Center
1685 Valley Center Parkway
Bethlehem, PA 18017
(610) 882-2050 • FAX (610) 882-3633



June 10, 2003

American Airlines
American Airlines Medical Department
MD 4100, P.O. Box 619616
DFW Airport, TX 75261-9616

Attn: Ms. Jeanne Spoon R.N.
Pilot Disability Management

RE: Robert Miller
DOB: 3/30/54

Dear Ms. Spoon:


I have followed up the psychiatric treatment of Mr. Robert Miller since September 30, 1998.

At that time, I kept Mr. Miller in psychotropic medications while he also attended to regular psychotherapy sessions for the treatment of an Anxiety Disorder, NOS and of Status Post Brief Reactive Psychosis caused by sleep deprivation. Mr. Miller has been compliant with treatment all along. He continued on medication till January of 2000 and psychotherapy till June 2000. I have since continued to regularly monitor Mr. Miller's mental health.

Mr. Miller has been asymptomatic and able to safely return to his usual work since the spring of 2001. I anticipate Mr. Miller will return to his regular work upon reinstatement of his FAA medical certificate by the Aviation Medical Advisory Services (AMAS).

Once released by the chief FAA Psychiatrist, Mr. Robert Miller's working hours should strictly abide by the FAA regulations on maximum hours to be worked without periods of rest in between (FAA Part 121 requirements).

Sincerely,


Abel A. Gonzalez, M.D.
AAG:jc

AA_000774

Exhibit 7

INITIAL PSYCHIATRIC ASSESSMENT

Part I

Name: Robert Wheeler Date: 9/30/98 Time: _____

1. PATIENT IDENTIFICATION: (age, sex, race, marital status, referral source)
44 y/o married, father of 13 (2 x 19 + 2 x 13)
currently in detox

2. CHIEF COMPLAINT: (Patient quote)
"I've been through a lot of stress"

3. REASON FOR CONSULTATION:
Backlash treatment after
inpt stabilization at the Halliwood H_o in NY / NY

4. HISTORY OF PRESENT ILLNESS: (progress of symptoms including: impairment in psychosocial functioning - family, school, job)

F.O. Relat, sweet flight panic; much stress
prob sleep; unable to function, comes
from his work place to the hospital

Upward + anxious after he stopped
the meds

went back to work

Verbalized 100% T₁ 360°

Respiratory 23 T₁ 360°

Respiratory 0.5 T₁ 360°

Recalls infirm, fear, intense worry
and anxiety; growing fatigue

prob to 1/2 Verbalized (bleeding down);

Heard the from hospital
like he's feeling a little

better, sleep every day

Concentration, now better. No self-

no CPO & at the moment

INITIAL PSYCHIATRIC ASSESSMENT

5. PAST PSYCHIATRIC HISTORY: (Inpatient/outpatient treatment, rehabs, medication trials, ECT, suicide attempts and specifically most recent treatment)

smf

6. SUBSTANCE ABUSE HISTORY: (Age of onset, type and route, frequency, date of last use and any consequence of substance abuse behavior, i.e., hx of physical abuse, blackout, withdrawal or MVA)

smf

7. MEDICATION: (Include OTC)

smf
No other Hx of current psychiatric
findings.
He indicates no current physical health
problems.

Part II

8. FAMILY PSYCH. HX. smf
Mother anxious, rigid, controlling,
no hx of psychiatric Tx; no
history of suicide.

9. SOCIAL HX (Family tree developmental hx., education, marital/relationships, social supports and living arrangements, employment, criminal or legal, etc.)

smf
Married.
father of two
strong family values
no hx of criminal charges

INITIAL PSYCHIATRIC ASSESSMENT

10. HX. OF PHYS./SEX, ABUSE OR PERPETRATION

11. MENTAL STATUS EXAM

Appearance: Agitated
 Behavior/Attitude: Cooperative
 Motor Activity: No Tics, No Involuntary
 Speech: Unintelligible
 Affect: ? Restricted
 Mood: Immediate dysphoria
 Thought Process: Disorganized
 Thought Content: No psychotic symptoms
No suicidal ideation, no homicidal ideation, etc.
 Perceptual Disturbances: None
 Consciousness: V
 Orientation: 1 4 3
 Memory - Recent: No recent impairment
 Remote: " "
 Immediate retention (object recall): " "
 Attention/Concentration: Good
 Estimate of Intellect: MR Below average Average Superior
 Fund of Knowledge: Some recall
 Calculation: " "
 Proverb Interpretation/Abstraction: Good
 Insight: Good
 Judgement: Good
 Motivation for Treatment: Good

12. INVENTORY OF PATIENT'S ASSETS (Physical, environmental/self care, family/social, educational/occupational/recreational and psychological factors)

Intelligence
motivated
Strong support from wife

INITIAL PSYCHIATRIC ASSESSMENT

Part III

13. PROVISIONAL DIAGNOSIS

Axis I: Anxiety Dis. NOS
R40 GAD & Hgt OCD SIPBRT
Axis II: no DSM-III-R
Axis III: (Depressed)
Axis IV: Psychosocial Stressors: was in hospital Severity severe
Axis V: Current GAF: 50 Highest GAF past year: 98

14. TREATMENT RECOMMENDATIONS (Immediate medical/psychiatric/social treatments and any precautions)

Continue psychotherapy
" pharmacotherapy
Agree to continue me
if ? is as well as possible
during the period

Gry

Exhibit 8

PATIENTS NAME

Robert Miller

DATE 9-11-02

TIME: FROM

TO

PROGRESS:

TREATMENT PLAN:

MEDICATIONS:

DIAGNOSIS:

Very upset over difficulties
in getting his disability
benefits yet with
minimal MSE;
sleep OK; cooperative,
pleasant. No anxiety.
No symptoms elicited.
Will continue routine
monitoring of mental status.

SIGNATURE

[Signature]

11/13/02

PROGRESS:

TREATMENT PLAN:

MEDICATIONS:

DIAGNOSIS:

No obs; pleasant,
cooperative, sleep OK
good; no delirious
hallucinations.
Getting along in family;
MSE unremarkable.
Will follow up I
mo for routine eval.

[Signature]
SIGNATURE

PATIENTS NAME

Yeller, Robert

DATE

4/13/02

PROGRESS:

TIME: FROM

TO

TREATMENT PLAN:

MEDICATIONS:

DIAGNOSIS:

"Falling apart";
No obs; no construction
problems; mood is OK;
No occurrence of insomnia,
confusion, etc.
Hanging stress well.
Will continue routine
examinations to find any treat-
able condition. J. May
SIGNATURE

PROGRESS:

7/3/02

TREATMENT PLAN:

MEDICATIONS:

DIAGNOSIS:

No obs; sleep OK,
physical health "fine".
MSE unremarkable;
not on any medications
(P) Continue to have
regular periodic
evaluations to evaluate
& document mental status
while out of hospital
psychiatric needs
SIGNATURE
/a

PATIENTS NAME

Robert Miller

DATE 12-26-01
TIME: FROM TO

PROGRESS:

'Doing good'

TREATMENT PLAN:

No ch's; sleep good,
Concentration good.

MEDICATIONS:

I was good mood +
no physical health

DIAGNOSIS:

Ch's; MSE unremarkable.
He - Agrees to call
if any 73 a noticeable D's -

SIGNATURE

Holoz

PROGRESS:

No ch's; MSE
unremarkable;

TREATMENT PLAN:

active on volunteer

activities as well as with
his family; agrees to inform me

MEDICATIONS:

of any noticeable changes;

DIAGNOSIS:

sleep good. Continues
to see me for monitoring
of MSE while on no medication /

SIGNATURE

Exhibit 9

PATIENTS NAME

Robert Miller

DATE

1-23-03

PROGRESS:

TIME: FROM

TO

TREATMENT PLAN:

Managing stress well;
no signs of mental
illness; OC personality
~~limited~~ to trials not
interfering - normal life.

MEDICATIONS:

DIAGNOSIS:

Agrees to contact me if
is a uncomfortable - Q

SIGNATURE

PROGRESS:

3/26/03 msc uncomfortable.
Mood stable; no clo.
no sexual thoughts

TREATMENT PLAN:

no mood symptoms;
still unable to work bc
of mandatory period of
abstinence after taking
psycholeptics (FDA regulation).

MEDICATIONS:

DIAGNOSIS:

Agrees to contact me if
is a uncomfortable - Q

SIGNATURE

PATIENTS NAME

Robert Miller

DATE

6-8-07

PROGRESS:

TIME: FROM

TO

*After Miller examined again
for follow up on 4 of RT?*

TREATMENT PLAN:

*No clo's; pleasant &
cooperative, caused by
ac personality traits.*

MEDICATIONS:

*Asymptomatic. Agrees
to return in 1 mo.*

DIAGNOSIS:

for detailed examination.

[Signature]

SIGNATURE

PROGRESS:

TREATMENT PLAN:

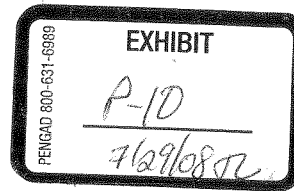
MEDICATIONS:

DIAGNOSIS:

SIGNATURE

Exhibit 10

Abel A. Gonzalez, M.D.
Diplomate, American Board of Psychiatry and Neurology
2299 Brodhead Road
Bethlehem, PA 18020



(610) 882-2052

Fax (610) 882-2054

Pilot Disability Management
Ms. Jeanne Spoon R.N.

Dear Ms. Spoon:

Re: Robert Miller

Mr. Miller is a patient under my care and is not currently on any psychotropic medications. Mr. Miller continues to see me on a regular basis to monitor his condition. I will be willing to speak to you over the phone but Mr. Miller must be present for this conversation to take place. Please contact our office so we can coordinate this meeting.

Sincerely,

A handwritten signature in black ink, appearing to be 'A. Gonzalez'.

Abel A. Gonzalez, M.D.
AAG:mj

Exhibit 11

Wilder, Robert

11-39-04

Mr. Wilder again is
examined as a requirement
to ensure his mental health
is stable. On exam Mr.
Wilder's MSE is unremarkable;
has stayed well despite
of no treatment. I am
concerned w/ the well-being
of the industry (commercial
airlines). P, continue not P / W

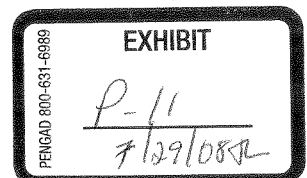
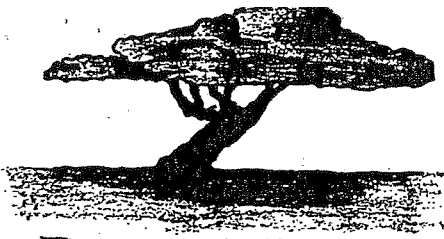


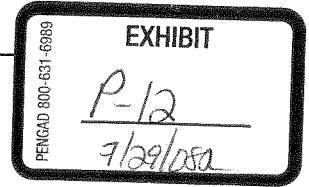
Exhibit 12



PointeNorth
WELLNESS CENTER

Abel A. Gonzalez, MD

Diplomate, American Board of Psychiatry and Neurology
2299 Brodhead Road • Bethlehem, PA 18020 • 610-882-2052 • FAX 610-882-2054



August 26, 2005

American Airlines Medical Department
MD 4100, P.O. Box 619616
DFW Airport, TX 75261-9616

To Pilot Disability Management:

Re: Mr. Robert Miller

I have continued to evaluate Mr. Miller's mental status every two months. Mr. Miller is currently on no psychotropic medications.

His condition is stable and he is completely asymptomatic without any ongoing or active treatment. He requires adequate amount of sleep on a regular and on a predictable basis in order to prevent the development of symptomatology that could induce physical and psychological manifestations of stress. This however is part of sleep hygiene and other health sustaining practices applicable to any healthy man in his age group.

Cordially,

Abel A. Gonzalez, M.D.
AAG:mj

Exhibit 13

Progress Notes

PATIENT NAME (LAST FIRST) <i>Wheeler, Robert</i>		SSN/PATIENT #	DOB	DATE <i>9-1-06</i>	TIME	In: Out:
MSE. No abnormalities observed unless indicated otherwise by a mark check under the appropriate block.						
PSYCHOMOTOR DISTURBANCES <input type="checkbox"/> Restless <input type="checkbox"/> Hyperactive <input type="checkbox"/> Ties <input type="checkbox"/> Using Walker <input type="checkbox"/> Tremors <input type="checkbox"/> Retardation <input type="checkbox"/> Gait Problems <input type="checkbox"/> Using Cane <input type="checkbox"/> Other:		THOUGHT PROCESS/CONTENT <input type="checkbox"/> Delusions <input type="checkbox"/> Tangential <input type="checkbox"/> Obsessions <input type="checkbox"/> Circumstantial <input type="checkbox"/> Other:		ATTITUDE <input type="checkbox"/> Poor Eye Contact <input type="checkbox"/> Guarded <input type="checkbox"/> Uncooperative <input type="checkbox"/> Evasive <input type="checkbox"/> Other:		
AFFECT <input type="checkbox"/> Incongruent <input type="checkbox"/> Restricted <input type="checkbox"/> Inappropriate <input type="checkbox"/> Expansive <input type="checkbox"/> Other:		COGNITIVE STATUS <input type="checkbox"/> Poor Memory <input type="checkbox"/> Drowsy <input type="checkbox"/> Decreased Concentration <input type="checkbox"/> Reduced Attention <input type="checkbox"/> Other:		INTELLIGENCE (ESTIMATE) <input type="checkbox"/> Below Avg. <input type="checkbox"/> MR <input type="checkbox"/> SI/HI <input type="checkbox"/> HALUCINATIONS		
INSIGHT <input type="checkbox"/> Limited due to: <u>cognitive status</u> / <u>intelligence level</u> <u>psychosis</u> <u>affect</u> <u>personality disorder</u> <input type="checkbox"/> Poor						
MOOD: <i>In congruent</i>						
JUDGMENT: <i>Good</i> RELIABILITY: <i>Good</i>						
Diagnosis: Axis I <i>(same)</i> II III IV V						
Plan of Action: <i>under Not released to release to work under reasonable</i>						
<input type="checkbox"/> Continue Present Medication (s). <input type="checkbox"/> Re-start previous medication(s) (due to adequate response in past). <input type="checkbox"/> Increase/decrease medication(s) dose: <i>no medication</i> <input type="checkbox"/> Discontinue medication(s) by: <u>stopping it</u> <u>gradually tapering it (taper schedule given)</u> <input type="checkbox"/> New medication(s) trial: <input checked="" type="checkbox"/> Side effect profile, expected benefits, drug interactions of medication(s) discussed with <u>patient/caretaker</u> . <input type="checkbox"/> Literature about medication(s) given to patient/caretaker. <input type="checkbox"/> Therapy: <u>Individual</u> <u>Support</u> <u>Insight</u> <u>CBT</u> <u>Behavioral</u> <u>Group</u> <u>Family</u> <u>Marital</u> <input type="checkbox"/> Behavioral scales/medication assessment form to be completed by parents/caretakers and/or teachers <input type="checkbox"/> Psychiatric Hospitalization: 201/302 <input type="checkbox"/> Get records from previous: <u>hospitalization(s)</u> <u>outpatient treatment</u> <input checked="" type="checkbox"/> Need for compliance discussed with <u>patient/caretaker</u> . <input type="checkbox"/> Labs ordered: * Patient/caretaker appears competent to make decisions regarding/understands and is in agreement with recommendations. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No A review of this patient's condition indicates ongoing medical necessity for the treatment of:						
ADDITIONAL COMMENTS: <i>In general appropriate + to a good mental status.</i>						
<input type="checkbox"/> Refer to: <input type="checkbox"/> Next appointment in: <u>days</u> <u>weeks</u> <u>months</u> <u>years</u>						

EXHIBIT
P-13
7/29/08

Confidential

PROGRESS NOTES

PATIENT NAME (LAST FIRST) <i>Miller, Robert</i>	SSN/PATIENT #	DOB	DATE <i>6-13-06</i>	TIME	In: Out:
--	---------------	-----	------------------------	------	-------------

MSE. No abnormalities observed unless indicated otherwise by a mark check under the appropriate block.

PSYCHOMOTOR DISTURBANCES <input type="checkbox"/> Restless <input type="checkbox"/> Hyperactive <input type="checkbox"/> Ties <input type="checkbox"/> Using Walker <input type="checkbox"/> Tremors <input type="checkbox"/> Retardation <input type="checkbox"/> Gait Problems <input type="checkbox"/> Using Cane <input type="checkbox"/> Other:	THOUGHT PROCESS/CONTENT <input type="checkbox"/> Delusions <input type="checkbox"/> Tangential <input type="checkbox"/> Obsessions <input type="checkbox"/> Circumstantial <input type="checkbox"/> Other:	ATTITUDE <input type="checkbox"/> Poor Eye Contact <input type="checkbox"/> Guarded <input type="checkbox"/> Uncooperative <input type="checkbox"/> Evasive <input type="checkbox"/> Other:
AFFECT <input type="checkbox"/> Incongruent <input type="checkbox"/> Restricted <input type="checkbox"/> Inappropriate <input type="checkbox"/> Expansive <input type="checkbox"/> Other:	COGNITIVE STATUS <input type="checkbox"/> Poor Memory <input type="checkbox"/> Drowsy <input type="checkbox"/> Decreased Concentration <input type="checkbox"/> Reduced Attention <input type="checkbox"/> Other:	INTELLIGENCE (ESTIMATE) <input type="checkbox"/> Below Avg. <input type="checkbox"/> MR <input type="checkbox"/> SI / HI <input type="checkbox"/> HALUCINATIONS

INSIGHT

☐ Limited due to: ___ cognitive status ___ intelligence level ___ psychosis ___ affect ___ personality disorder. ☐ Poor

MOOD:

Good ; no obs

JUDGMENT:

RELIABILITY:

Good Good

Diagnosis:

Axis I

II

III

IV

V

(Same)

Plan of Action:

Asymptomatic ; no treatment necessary ; will re-evaluate.

<input type="checkbox"/> Continue Present Medication(s).	<input type="checkbox"/> Re-start previous medication(s) (due to adequate response in past).
<input type="checkbox"/> Increase/decrease medication(s) dose: _____	
<input type="checkbox"/> Discontinue medication(s) by: ___ stopping it ___ gradually tapering it (taper schedule given)	
<input type="checkbox"/> New medication(s) trial: _____	
<input checked="" type="checkbox"/> Side effect profile, expected benefits, drug interactions of medication(s) discussed with patient/caretaker.	
<input type="checkbox"/> Literature about medication(s) given to patient/caretaker.	
<input type="checkbox"/> Therapy: ___ Individual ___ Support ___ Insight ___ CBT ___ Behavioral ___ Group ___ Family ___ Marital	
<input type="checkbox"/> Behavioral scales/medication assessment form to be completed by parents/caretakers and/or teachers	
<input type="checkbox"/> Psychiatric Hospitalization: 201/302	
<input type="checkbox"/> Get records from previous: ___ hospitalization(s) ___ outpatient treatment	
<input checked="" type="checkbox"/> Need for compliance discussed with patient/caretaker.	
<input type="checkbox"/> Labs ordered: _____	
* Patient/caretaker appears competent to make decisions regarding/understands and is in agreement with recommendations. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No A review of this patient's condition indicates ongoing medical necessity for the treatment of: _____	

ADDITIONAL COMMENTS:

☐ Refer to: _____

☐ Next appointment in: ___ days ___ weeks ___ months ___ years

Abel Gonzalez, M.D.

Confidential

243

AA 000769

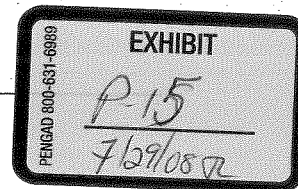
Progress Notes

PATIENT NAME (LAST FIRST) Miller, Robert		SSN/PATIENT #	DOB	DATE 1-17-06	TIME	In: Out:
MSE: No abnormalities observed unless indicated otherwise by a mark check under the appropriate block.						
PSYCHOMOTOR DISTURBANCES <input type="checkbox"/> Restless <input type="checkbox"/> Hyperactive <input type="checkbox"/> Ties <input type="checkbox"/> Using Walker <input type="checkbox"/> Tremors <input type="checkbox"/> Retardation <input type="checkbox"/> Gait Problems <input type="checkbox"/> Using Cane <input type="checkbox"/> Other:		THOUGHT PROCESS/CONTENT <input type="checkbox"/> Delusions <input type="checkbox"/> Tangential <input type="checkbox"/> Obsessions <input type="checkbox"/> Circumstantial <input type="checkbox"/> Other:		ATTITUDE <input type="checkbox"/> Poor Eye Contact <input type="checkbox"/> Guarded <input type="checkbox"/> Uncooperative <input type="checkbox"/> Evasive <input type="checkbox"/> Other:		
AFFECT <input type="checkbox"/> Incongruent <input type="checkbox"/> Restricted <input type="checkbox"/> Inappropriate <input type="checkbox"/> Expansive <input type="checkbox"/> Other:		COGNITIVE STATUS <input type="checkbox"/> Poor Memory <input type="checkbox"/> Drowsy <input type="checkbox"/> Decreased Concentration <input type="checkbox"/> Reduced Attention <input type="checkbox"/> Other:		INTELLIGENCE (ESTIMATE) <input type="checkbox"/> Below Avg. <input type="checkbox"/> MR <input type="checkbox"/> SI/ HI <input type="checkbox"/> HALUCINATIONS		
INSIGHT <input type="checkbox"/> Limited due to: ___ cognitive status ___ intelligence level ___ psychosis ___ affect ___ personality disorder. <input type="checkbox"/> Poor						
MOOD: <i>Good</i>						
JUDGMENT: <i>Good</i> RELIABILITY: <i>Good</i>						
Diagnosis: Axis I: <i>(same)</i> II: III: IV: V:						
Plan of Action: <i>Call return to work without gradually & healthy working hours promised</i>						
<input type="checkbox"/> Continue Present Medication(s). <input type="checkbox"/> Re-start previous medication(s) (due to adequate response in past). <input type="checkbox"/> Increase/decrease medication(s) dose: _____ <input type="checkbox"/> Discontinue medication(s) by: ___ stopping it ___ gradually tapering it (taper schedule given) <input type="checkbox"/> New medication(s) trial: _____ <input checked="" type="checkbox"/> Side effect profile, expected benefits, drug interactions of medication(s) discussed with patient/caretaker. <input type="checkbox"/> Literature about medication(s) given to patient/caretaker. <input type="checkbox"/> Therapy: ___ Individual ___ Support ___ Insight ___ CBT ___ Behavioral ___ Group ___ Family ___ Marital <input type="checkbox"/> Behavioral scales/medication assessment form to be completed by parents/caretakers and/or teachers <input type="checkbox"/> Psychiatric Hospitalization: 201/302 <input type="checkbox"/> Get records from previous: ___ hospitalization(s) ___ outpatient treatment <input checked="" type="checkbox"/> Need for compliance discussed with patient/caretaker. <i>will report</i> <input type="checkbox"/> Labs ordered: _____ * Patient/caretaker appears competent to make decisions regarding/understands and is in agreement with recommendations. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No A review of this patient's condition indicates ongoing medical necessity for the treatment of: _____						
ADDITIONAL COMMENTS: <input type="checkbox"/> Refer to: _____ <input type="checkbox"/> Next appointment in: ___ days ___ weeks ___ months ___ years						

Abel A. Gonzalez, M.D.
Abel A. Gonzalez, M.D.

Exhibit 15

Bettes, Thomas



From: Bettes, Thomas
Sent: Friday, November 10, 2006 1:40 PM
To: Bettes, Thomas; Spoon, Jeanne
Cc: Nelson, Tracy; Wolbrink, Alex; Beaty, Rosalyn
Subject: RE: Robt Miller # 153384

Note ADDENDUM....

From: Bettes, Thomas
Sent: Friday, November 10, 2006 1:35 PM
To: Spoon, Jeanne
Cc: Coker, Patrice
Subject: RE: Robt Miller # 153384

Jeanne,

I have reviewed the file and documentation and feel that we have fulfilled our obligation under ERISA to inform the employee of the requirement to submit documentation, the documentation received was reviewed properly which does indicate employee's health has been restored, and he has subsequently been notified by letter of the discontinuation of his LTD benefits, the specific reasons for the denial, and has been advised of his rights to an appeal thru PBAC. Patrice is verifying again that the letter of Oct 23, 2006 was sent to the employee. *Also please note that as of today, Nov 10, 2006, the pilot LTD flow chart and accompanying letters have not been officially released by either AA Legal or APA.*

TB

From: Spoon, Jeanne
Sent: Tuesday, November 07, 2006 9:23 AM
To: Bettes, Thomas
Subject: Robt Miller # 153384

Dr. Bettes,

First call from this pilot, - why were benefits stopped?
I referred him to your letter, sent 10/23/06. Mr. Miller said there was no reason given for stopping benefits, no appeal information. He has his psychiatrist and legal representative working on his behalf. He requested I call his attorney and provided phone number-I informed him that I do not work with his legal representative. I referred him again to the letter for appeal instructions- he again denied that appeal instructions were included.

Jeanne

11/10/2006

AA_000766

Exhibit 18

CONTACT SHEET						
Date	Time	Type of Contact	Medications/Directions	Amount	Refills	Next Visit
10/34/01		R/v	No meds	— AG		
12/26/01		R/v	No Meds	— AG		
7/20/02		R/v	No meds	— AG	> 7 mo.	
4/3/02		R/v	No meds	— AG	> 7 mo.	
3/3/02		R/v	No Meds	— AG	> 7 mo.	
1/11/02		R/v	No Meds	— AG	> 7 mo.	
1/13/02		Rev	No Meds	— AG	> 7 mo.	
1-23-03		R/v	No meds prescribed	— AG	> 7 mo.	
1-26-03		Rev	No meds prescribed	— AG	> 7 mo.	
1-4-03		RE	No medication	— AG	> 7 mo.	

EXHIBIT
P-18
7/29/08

PENGAD 800-631-6989

EXHIBIT

P-18
7/29/08 TC

RECEIVED

JUL 23 1999

PENSION PLAN ADMIN.

February 03, 1999

Quay C. Snyder, M.D.
Aviation Medicine Advisory Service
14707 E. 2nd Avenue, Suite 200
Aurora, Colorado 80011

Re: Robert T. Miller

Dear Dr. Snyder:

Mr. Miller is currently a patient under my care. He started treatment with me on 9/30/98. I have examined him as well as part of the record of his treatment at The Holliswood Hospital in August 1998.

Mr. Miller has no prior psychiatric history and it is my clinical impression that he suffered a Brief Reactive Psychosis caused by the combination of several factors including physical fatigue, sleep deprivation, and emotional stress.

He was initially treated with Neurontin, Cogentin, and Risperdal. I gradually discontinued those and placed him on Klonopin and Luvox. The temporary loss of his pilot license have been his major stress during his recovery period; he however have been recovering well and with consistency. I have started to decrease his Klonopin, and I anticipate that his psychotropic medications will be completely discontinued in the near future. He have been on psychotherapy with Mr. Faust Ruggiero of Bangor, Pa, and plans to continue seeing me for additional Insight Oriented Psychotherapy.

Mr. Miller's prognosis is favorable and with adequate stress management skills this kind of episodes can be prevented in the future.

Please do not hescitate to contact me should you have any questions regarding his case or his condition.

Sincerely,

Abel A. Gonzalez, M.D.

AA_000785

Abel A. Gonzalez, M.D.
Diplomate, American Board of Psychiatry and Neurology
Lehigh Valley Corporate Center
1685 Valley Center Parkway
Bethlehem, PA 18017
(610) 882-2050 • FAX (610) 882-3633

RECEIVED

JUL 23 1999

PENSION PLAN ADMIN.

July 7, 1999.

Dr. D. McKenna
Corporate Medical Director
American Airlines

Re: Mr. Robert Miller

Dear Dr.:

Mr. R. Miller is a patient currently under my care. As part of his treatment, I recommended some part time work but I have specified that it should be unrelated to his previous (regular) work and/or employer.

Sincerely,
A. Gonzalez

AA_000786

C.P.C.
COMMUNITY PSYCHOLOGICAL CENTER, INC.
715 Pennsylvania Avenue
Bangor, Pennsylvania 18013
(610) 588-2642 / 588-1439 or 588-1533
Telefax (610) 588-3236

RECEIVED

JUL 23 1999

PENSION PLAN ADMIN.

Services in:
Individual Counseling
Family Counseling
Marriage Counseling
Drug & Alcohol Counseling
Employee Assistance Programs
Hypnosis
Eating Disorders
Women's Programs

Faust A. Ruggiero, M.S., C.A.C.
Therapist
Certified Addictions Counselor
Carl Catino, Ph.D.
Licensed Psychologist
Shawn J. Buskirk, B.A., C.A.C.
Therapist
Certified Addictions Counselor
Debra L. Pysker, M.S.
Therapist

May 20, 1999

To Whom It May Concern:

Re: Robert T. Miller

The above captioned individual is a patient under my care here at the Community Psychological Center. His treatment with me commenced on September 3, 1998 and is ongoing. He sees me on a weekly basis and for the past six weeks has been accompanied by his wife.

As you may know, Mr. Miller has no previous psychiatric history and in the weeks previous to his admission to the Community Psychological Center he did experience a brief reactive psychosis which resulted in the suspension of his pilot's license.

Initially, under the care of Dr. Abel A. Gonzalez, he was placed on the following medications, Risperdal, Neurontin and Cogentin. At the present time, I and Dr. Gonzalez have concerns about alleviating all the medications, though the treatment plan does call for an attempt to reduce the number and amounts of medication as soon as Mr. Miller is ready.

Presently, he continues to suffer from depressive and emotionally disassociating episodes. Though he is making advances regarding day to day functioning, emotionally he does struggle at times. Although there is no continued evidence of any form of psychosis and he is oriented in all spheres, he does need to address the emotional concerns which precipitated the brief reactive psychosis he experienced last August.

AA_000787

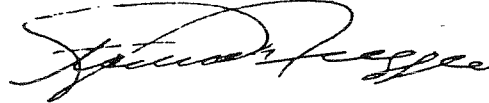
RECEIVED

JUL 23 1999

His treatment with me will continue on a weekly basis and his prognosis is good for a complete recovery. He will be seeing me for the remainder of the year at the very least and I will be happy to provide updates as needed.

Sincerely,

COMMUNITY PSYCHOLOGICAL CENTER, INC.



Faust A. Ruggiero, M.S., C.A.C.

FAR:ej

AA_000788

Robert - Miller

H00194936

THE HOLLISWOOD HOSPITAL

ADDRESSOGRAPH

TEL: 310 445-154
FAX: 310 445-154
GILBERT, PA 19331
8/14/98
UNION HEALTH CARE
CASE 179388763

Discharge Summary
Part I

THH MR440 (3/87)

HISTORY: Attach existing documentation (Psychiatric Evaluation) which

includes the following information:

- Presenting Problem(s)
- Medications
- Diagnosis
- Alcohol and Drug Use/Abuse
- Mental/Physical Health

ALERTS: List risk factors including danger to self/others, physical health conditions/needs, allergies, etc.

RECENT PROGRESSES

COURSE OF TREATMENT: Describe the course of treatment and the status before discharge. Include the most effective treatments.

of all goals which were to be met

Pt admitted for severe
Grandiosity, Lechity, Delusio
desires. Pt was put on Risperid
8T to 2. Potent for 10 days to
reduce. Pt was also put on Nuv
100, to treat 8T to 200 mg for
Grandiosity & good result. Pt should be
Risperid 8T to 200 mg for
& 100.

Pt did not ag 12/12
Nuv 100
delus

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SEP - 1 1998

JFK MEDICAL

CONDITION ON DISCHARGE:

Describe current functioning

Depressed
 O M - 100%
 O 100%
 GSC
 Euc
 31 - Poor

DIAGNOSIS: Enter a P in front of the principal diagnosis

Axis I

Depressed

Axis II

dy

Axis III

O

Axis IV

Psychosocial Stressors

a. Stressor(s)

b. Severity

☐ None ☐ Mild ☒ Severe ☐ Extreme ☐ Catastrophic ☐ Inadequate

c. Duration

☐ Predominantly Acute Event ☒ Predominantly Enduring Circumstances

Axis V

Global Assessment of Functioning (Enter two digit scores from 01 to 100)

a. Current GAF score:

60

b. Past year GAF score:

60

MEDICATIONS ON DISCHARGE: Name, dose and frequency

Nuonentin 200, P. BID
 Risperidol 2, P. BID
 Cogentin 0.5, P. BID
 Inhibin 10, P. qhs

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SEP - 1 1998

JFK MEDICAL

Print Name:

Kind Chen

Signature:

Print Title:

Attending P

Date:

8/31/98

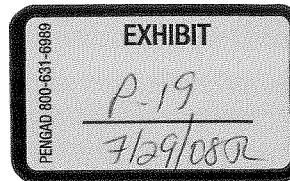
Da

DIC:

8/31/98

Exhibit 19

AMERICAN AIRLINES
PILOT OR FLIGHT ENGINEER TYPE DISABILITY
EMPLOYEE REQUEST FOR DISABILITY PENSION



Name: Robert T. Miller

Employee Number: 153384

Station: LGA

Date of Disability: 8/5/99

Describe the nature of this employee's medical condition warranting a disability pension: Brief Reactive Psychosis

Is this disability related to alcoholism or chemical dependency:

Yes

☒ No

Medically qualifies for disability pension program:

☒ Yes

No

Approved to retain all company travel benefits:

Yes

☒ No

Approved to retain company travel benefits, however, not eligible for "FDJ" cockpit jumpseat travel:

☒ Yes

No

Not approved for any company travel benefits at this time. Pilot may request reconsideration in _____ months:

Yes

No

Additional Comments: _____

Verification Signature:

David K. McKenas

David K. McKenas, M.D., M.P.H.
Corporate Medical Director
MD 5187 - HDQ

8/5/99
Date

Routing: Flight Administration (Crewmembers Base)
Pension Administration
Area Medical Director

PPA Use Only:

☐

Approved

☐

Not Approved

AMERICAN AIRLINES
PILOT OR FLIGHT ENGINEER TYPE DISABILITY
EMPLOYEE REQUEST FOR DISABILITY PENSION

Name: Robert T. Miller

Employee Number: 153384

Base: LGA

Date of Disability: 8/5/1999

Describe the nature of this employee's medical condition warranting a disability pension: Brief Reactive Psychosis

Is this disability related to alcoholism or chemical dependency:

Yes

☒ No

Medically qualifies for disability pension program:

☒ Yes

No

Approved to retain all company travel benefits:

☒ Yes

No

Not approved for any company travel benefits at this time. Pilot may request reconsideration in _____ months:

Yes

No

Additional Comments:

Verification Signature:

Thomas Bettles

Thomas Bettles, M.D., M.P.H.
Mgr. Occupational Health Services
MD 4100 - HDQ

7/15/03
Date

Routing: Flight Administration (Crewmember's Base)
Pension Administration
Area Medical Director

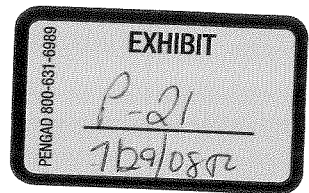
PPA Use Only:

Approved

Not Approved

Exhibit 21

October 19, 2007



BY CERTIFIED MAIL/RETURN RECEIPT REQUESTED

American Airlines, Inc., Plan Administrator
4501 Highway 360
MD 906 GSWLC
Fort Worth, TX 76155-2122

RE: Long Term Disability Benefits / Employee #153384

Dear Sir or Madam,

Pursuant to 29 U.S.C. Section 1132(c), I hereby request a copy of the Summary Plan Description and governing plan documents (including, but not limited to any "instruments under which the plan is established or operated") of the American Airlines, Inc. Pilot Retirement Benefit Program Fixed Income Plan ("A Plan").

Pursuant to ERISA, you have thirty days to provide these documents to me. A failure to provide the documents may result in fines and penalties assessed personally against you as the Plan Administrator in an amount of up to \$110/day. I understand you may charge a reasonable copying charge for these documents.

In addition, I hereby request copies of all documents "relevant" (as defined under 29 C.F.R. § 2560.503-1(m)(8)) to the October 23, 2006 denial of my disability benefits claim, and to the May 22, 2007 denial of my disability benefits appeal, including but not limited to all documents that I submitted in support of my appeal. If any rule, guideline, protocol or other similar criterion was relied on in making the October 23, 2006 determination or May 22, 2007 determination, please provide a copy of this document as well. Please note that these documents must be provided free of charge, under 29 C.F.R. §§ 2560.503-1(i)(5), (j)(3), (j)(5).

Please forward a copy of all of the documents to my attorney as follows no later than **Monday, November 19, 2007**:

Katie R. Eyer, Esq.
Salmanson Goldshaw, PC
Two Penn Center, Suite 1230
1500 J.F.K. Boulevard
Philadelphia, PA 19102

Please note that all further communications regarding this matter should be directed to Ms. Eyer, who can be reached at (215) 640-0598. As set forth in the attached release, I hereby designate Salmanson Goldshaw, P.C. as my authorized representative, and authorize Ms. Eyer or any other attorney from the firm to act on my behalf with regard to all matters relating to my disability benefits.

Sincerely,

Miller 0186

Robert T. Miller

RECEIVED

OCT 23 2007

cc: American Airlines Pension Benefits Administration Committee ✓

BENEFITS COMPLIANCE
PEAC

RELEASE OF RECORDS
AND DESIGNATION OF AUTHORITY

I, Robert T. Miller, hereby authorize and direct American Airlines, Inc., to release and provide a copy of my entire claim file and any other records requested on my behalf to Salmanson Goldshaw, P.C., Two Penn Center, Suite 1230, 1500 J.F.K. Blvd., Philadelphia, PA 19102. This Release and Authorization shall be valid beginning on the date of signature, and continuing thereafter, so that any notes, reports, memoranda or written information of any kind whatsoever included in or added to my file as of the date of my signature on this Release may and should be released to Salmanson Goldshaw. This request specifically includes all documents "relevant" to my claim, as that term is defined by the Code of Federal Regulations interpreting ERISA, 29 C.F.R. § 2560, 503-1(m)(8).

In addition, I authorize you to discuss any and all matters related to my claim for benefits with Salmanson Goldshaw, P.C., or any representative of the firm. I hereby designate the Salmanson Goldshaw, P.C. and/or its employees or agents to act as my authorized representative in regard to my claim for benefits, including but not limited to, seeking information, filing and prosecuting any appeals on my behalf.

Robert T. Miller
Robert T. Miller

19 OCT 2007
Date:

Miller 0187

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OCT 23 2007
BENEFITS COMPLIANCE
PEAC

U.S. Postal Service[™]
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Postage	\$ 4.80
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.21

Postmark Here

American Airlines, Inc. Plant Administrator
 4501 Highway 360
 MD 906 GSWLC
 Fort Worth, TX 76155-2122

PS Form 3800, August 2004

U.S. Postal Service[™]
CERTIFIED MAIL[™] RECEIPT
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OFFICIAL USE

Postage	\$ 4.80
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.21

Postmark Here

A. A. Pension Benefits Admin. Center
 P.O. Box 619616
 Dallas, TX 75261-9616

PS Form 3800, August 2004

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
*American Airlines, Inc.,
 Plant Administrator
 4501 Highway 360
 MD 906 GSWLC
 Fort Worth, TX
 76155-2122*

2. Article Number
 (Transfer from service label)
7007-0220-0004-0355-4838

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☒ Agent ☐ Addressee

B. Received by (Printed Name) *A. Cole* C. Date of Delivery *10/23/07*

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
*American Airlines Pension
 Benefits Admin. Center
 P.O. Box 619616
 MD 5134
 Dallas/Fort Worth Airport,
 TX
 75261-6916*

2. Article Number
 (Transfer from service label)
7007-0220-0004-0355-4852

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☒ Agent ☐ Addressee

B. Received by (Printed Name) *DANFLA...* C. Date of Delivery *10/23/2007*

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

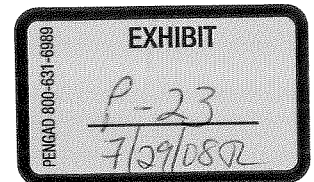
3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Exhibit 23

American Airlines®

November 20, 2007



Katie R. Eyer, Esq.
Salmanson Goldshaw, PC
Two Penn Center, Suite 1230
1500 J.F.K. Boulevard
Philadelphia, PA 19102

Re: Long Term Disability Benefit Appeal / Employee Robert Miller, EE#153384

Dear Ms. Eyer:

Thank you for your correspondence dated November 12th 2007, which we received on November 19th 2007. We have enclosed a copy of the applicable trust agreement for the American Airlines, Inc. Pilot Retirement Benefit Program Fixed Income Plan ("Plan"), as well as the plan document itself. While this plan is not a collectively bargained plan, we have also provided a copy of the current collective bargaining agreement between American Airlines, Inc. and the Allied Pilots Association.

With respect to your request regarding documents relevant to the October 23rd 2006 denial of disability benefits claim, this claim information is maintained by the American Airlines, Inc. Medical and Occupational Health Services, as it acts in the capacity of claim administrator for Pilot Disability claims. Thus, we will request on your behalf all of the relevant information associated with the claim denial, and will ask that it be sent directly to you.

With respect to your request for all relevant documents relating to the PBAC appeal, you have already received all such relevant documents. Please accept my apologies for using the term, "relied upon" rather than "relevant to", as what you received was indeed all relevant documents. Other than the enclosed appeal procedures flow chart, the information contained in the claim and appeal procedures (DOL regulations), and provisions of the Plan, American Airlines, Inc. maintains no other internal rules, protocols; policies or guidance with respect to the appeals process under this Plan.

Sincerely,

AMERICAN AIRLINES, INC.

bill copy

Sarah K Funk
Appeals Coordinator for the PBAC

Enclosures

CC: AAMOHS

FedEx® USA Airbill
Express

FedEx
Tracking
Number

839887625392

1 From *Please Print and print hard*
Date 11/21/07 Sender's FedEx
Account Number 1563-3799-4
Sender's Name Sarah Funk Phone 817-9671412
Company American Airlines
Address 4333 Amon Carter Blvd MD# 5734
City Fort Worth TX ZIP 76155-2664
City/State/Zip

2 Your Internal Billing Reference
First 24 characters will appear on invoice. 0900106858

3 To Recipient's Name
Company Katie R Eyer, Esq. Phone 215-6400598
Salmonson Goldshaw, PC
Address Two Penn Center, Suite 1230
1500 J.F.K. Boulevard
City Philadelphia PA ZIP 19102
City/State/Zip

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Delivery to select locations

4a Express Package Service

FedEx Priority Overnight

Next business morning

FedEx Standard Overnight

Next business afternoon

FedEx Express Saver

Third business day

FedEx 2Day

Second business day

FedEx Freight Service

Minimum charge: One pound, one cubic foot

4b Express Freight Service

FedEx 1Day Freight*

Next business day

FedEx 2Day Freight

Second business day

FedEx 3Day Freight

Third business day

Packages over 150 lbs.

Delivery commitment may be later in some areas.

FedEx 2Day to select locations

5 Packaging

FedEx Envelope*

FedEx Pak*

Includes FedEx Small Pak, FedEx Large Pak and FedEx Sturdy Pak

Other

* Declared value limit \$500

6 Special Handling

SATURDAY Delivery

Available ONLY for FedEx 2Day to select ZIP codes

HOLD Weekday at FedEx Location

NOT Available for FedEx First Overnight

HOLD Saturday at FedEx Location

Available ONLY for FedEx 2Day to select locations

7 Payment Bill to:

Sender

Recipient

Third Party

Credit Card

Cash/Check

8 Release Signature

Sign to authorize delivery without obtaining signature

Signature

446

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PBAC APPEAL PROCESS FLOWCHART FOR PILOT LTD APPEALS

